HAWAII DRUG CONTROL ACTION PLAN

INTERIM REPORT
AUGUST 2004

About the Interim Report

This interim report describes Hawaii Drug Control Action Plan meetings #4-6 held on June 22, July 13, and July 27, 2004. The report was extracted from detailed notes submitted by the facilitators for all of the ad hoc committee meetings and has been formatted to allow for quick review. Notes were abbreviated and condensed for a concise exposition of the information.

Status of the Action Planning Process

Five ad hoc committees – Community Mobilization, Legal Changes, Multi-Sector Collaboration, Prevention, and Treatment—were convened to develop a drug control action plan for the State of Hawaii. They have been asked to identify opportunities to improve the system of services that deal with drugs and underage drinking in Hawaii.

Six out of a series of ten meetings have been held since the planning process began in May 2004. In the first four meetings, members concentrated on creating a shared vision by:

a. generating an initial list of ideas for taking action using success stories to identify opportunities for building on or replicating success;
b. developing criteria for evaluating action opportunities;
c. applying criteria to the initial list of actions; and
d. drafting a vision statement.

Meeting #4 held on June 22, 2004 signaled a shift in the planning process. Rather than being guided by agendas drafted by the lead facilitator, individual committees were given instructions on designing their own action planning process for meetings #5-9. These meetings will re-focus efforts towards the final meeting on September 28.

By the last meeting, it is expected that the committees will have:

1. one to five clearly articulated recommended actions for the action plan, and that
2. these recommended actions will be supported by
    a. data and information to make a compelling case,
    b. an understanding of the impact these proposed actions will have on others,
    c. anticipated outcomes or results that move the State closer to its vision, and
    d. strategies for sustainability over time.

Committee members received a packet of prototype agendas that were created by the lead facilitator. The agendas outlined mandatory and optional tasks to be completed at the remaining sessions. Members could choose any sequence of tasks, disregard optional components, or construct their own agendas, proceeding in whatever manner they selected. The only requirement was that they produce their recommended actions and supporting arguments by meeting #10.

Agendas ask members to undertake the following:

Mandatory Tasks

- **Data and information required for informed decision-making**—Identify and acquire critical data that will allow for informed decision-making on the proposed actions.
  - Identify data and information and build a compelling case for action.
  - Select critical data and information.
  - Identify volunteers to locate the data and information.
- **Outcomes: Determining what success looks like—**Identify anticipated outcomes resulting from the proposed actions.
  - Identify positive changes or successes that will result form the proposed actions within the next 3-5 years.
  - Select key outcomes or changes to track and monitor.
- **Impact on others—**Identify the intended ad unintended impact the proposed actions will have on others.
  - Identify key stakeholders and how they will be affected by the proposed actions.
  - Given the potential impact of the proposed action, determine whether or not to move forward the proposed action.
- **Sustainability—**Identify critical elements that must be in place to sustain the proposed actions over time.
  - Identify the top priority elements for sustainability.

Optional Components

- **Evaluation methods**—Identify short-term (1 year) and intermediate (2-3 years changes).
- **Barriers to success**—Identify the challenges or barriers to success that will impede the proposed actions.
- **Community voice**—Identify key stakeholders whose input and feed back would provide valuable information and ways to include them.
- **Quick fixes**—Identify previous attempts to implement changes similar to the proposed actions, the results of those attempts, and the potential for "quick fixes" now to move the proposed actions forward.
- **Media and marketing**—Identify the media and marketing strategies required to support the proposed actions.

Meetings #4-6

June 22, 2004

About the Organization of Notes for this Meeting

Notes from relevant committees are grouped together by subject matter.

The purpose of this full-day meeting was to:

- Finalize the top 5 key criteria for selecting proposed action items.
- Finalize the top 5 proposed action items.
- Establish a vision for the action planning team.
- Identify collaborative opportunities among proposed action items.
- Design each ad hoc committee's planning process.

Major topics covered at the meeting were:

1. ***Key Criteria for Selecting Action Items***

Multi-Sector	Legal Changes
• High leverage • Urgency/Timeliness ✓ Take advantage of momentum • Shared vision • Group ownership • Accomplishable goals • Objective/measurable • Commitment from everyone • Use best practices • Challenging, yet achievable • Coordination, Communication, Commitment	• Effect on near term and long-term goals • Cost effectiveness • Existing research, including experiences from other places (states, countries) that support the issue or program • Sustainability • Community buy-in/acceptance/support
Treatment	**Community Mobilization**

The action is worth pursuing when it:
• Reflects a community-responsible and public health perspective/principles, i.e., affects persons and systems outside the person in need
• Respects the individual's relationship with others
• Incorporates and/or builds upon success of current programs/services
• Acknowledges, engages, and supports interdependent relationships and collaboration of the "community"
	• It is:
	  ✓ Culturally responsible.
	  ✓ An integral part of a holistic system.
	  ✓ Sustainable: self-sufficient, funded, builds on other resources, promotes long-term changes in community norms.
	  ✓ Economically realistic.
	  ✓ A process that fosters community empowerment.
	  ✓ A process that fosters individual empowerment and leadership.
	  ✓ Collaborative.
	  ✓ Inclusive, engaging all sectors.
	  ✓ Community-driven and responsive.
	• There is accountability at all levels.
	• It includes benchmarks to other measures of success.
	• It leads to self-sufficiency.

Prevention
Overarching question: *Do we have programs/activities that address the issue at all critical ages and stages?* 1. **Continuum/Continuity** • Does it fill a gap in and/or build on current programs? 2. **Community/Collaboration** • Does it acknowledge/ involve the family? • Is it initiated by and "owned" by the community? • Is it inclusive? (all ages, all sectors) • Does it promote partnerships between and across boundaries? • Does it help the community to be more self-reliant? 3. **Balance between cultural practices and research or evidence-based practices** • Does it acknowledge culture and cultural differences? • Does it pull ideas from our ancestry/history and build on them in a positive way? • Is it consistent with documented knowledge or research-based? • Is it a science-based/evidence-based program? • Does it build on the 40 developmental assets (for young children and adolescents)? 4. **Perspective** • Are we building on strengths and opportunities in dealing with the deficits? • Does it help to turn societal perspectives around? • Does it respond to real risk factors identified by the community? 5. **Sustainability** • Is it economically feasible? • Cost effective? What does that really mean? • Capacity - do we have people/resources to do it? • Is it process oriented? (i.e., more focused on the process/evolution than the end-product?) • Is the idea large enough to encourage people to invest in it? (synergy – does it encourage people to come forward and contribute?)

2. *Action Steps/Items*

Legal Changes – Top 5 Priority Items	Treatment - (In Order of Priority)
• Review and clarify HB 2003, Act 44 ("revised" Act 161) • Review sentencing: 1) Adult and family courts – appropriateness of consequences 2) Appropriateness of mandatory minimums • Identify areas of conflict regarding laws and barriers • Walk & Talk, Knock & Talk – bring State enforcement laws to same level as federal • Review State wire tapping laws	• Foster and develop a community of learners to develop a shared understanding of responsibilities for caring (treatment and recovery) of the person in need. • Enhance system of care. • Increase and retain workforce (including natural helpers) and ensure competency. • Define measures of success both socially and across the individual's life span. • Develop resource structure that is adequate to support the continuum of care across the needs structure.

Prevention - Revised	Multi-Sector
1. Foster a sense of community 2. Establish and implement a statewide prevention plan 3. Promote lifelong learning	1. Establish a structure • Non-partisan advisory group to help carry out actions • Remove duplication • Remove systemic barriers • Reduce competition for funding • Coordinate management • Information system • Measurement system • Support from different sectors to get actions done 2. Identify key players • Determine roles • Identify connections, disconnects • Substance abuse • Coordinated, comprehensive • Collaboration: statewide, working available, accessible • Quality care • Unified effective system
Community Mobilization	
• Identify and mobilize stakeholders by using a process that is appropriate to each community. • Assure that a single point of responsibility is established to develop and implement a system to coach and support key stakeholders in community mobilization skills. • Empower and train stakeholders to develop and execute a community mobilization model that is not prescriptive, but is culturally appropriate to an individual community. • Train, educate and support agencies to understand the norms of each community and assure a holistic, sustainable and collaborative approach to services provided. • Each community utilizes the model they select to identify actions for social change that strengthens their community.	

3. ***Establishing a Vision***
One member from each of the committees was nominated to serve on an action planning team that would develop a unified vision for the ad hoc committees. They will also investigate collaborative themes and initiate dialogue between groups if such a discussion would be helpful.

The collaborative opportunities that they identified were:

- Lifelong learning
- Community involvement
- Shared data
- Continuum of services
- Sustainability
- Conversation between Treatment and Legal regarding legal barriers
- Collaboration over resource allocation
- Culturally appropriate programs
- Establish an organizational structure
- Conversation between policy-makers and implementers

The vision statements in their current form are:

Community Mobilization

Hawaii is a community that is empowered and mobilized to determine its own destiny by drawing on its cultural traditions in building a sustainable environment that holds promise for a safe and vibrant future.

Legal Changes
Live in a society guided by sensible, responsible, humanitarian, and enforceable substance abuse laws.

Multi-Sector Collaboration
A comprehensive and effective Statewide Substance Abuse Reduction Policy which is carried out by a working collaborative and sustainable system which produces quality, accessible, and available services. (draft)

Prevention
We believe our citizens deserve to live in a drug-free community that has the ability to provide service and education from early childhood through senior years.

Treatment
All Hawaii's communities understand and share responsibility for the care and treatment of persons and their families who suffer from substance use disorders.

Themes that they identified were:

- Safe
- Sensible
- Community
- Family
- Sustainable
- Statewide
- Culture
- Something shared (values . . .)
- Humanitarian
- Measurable
- "Petals of the flower" image
- Best practice
- Lifelong
- Holistic
- Responsible
- Collaborative
- Balanced

4. ***Designing the Action Planning Process for Meetings #5-9***

Treatment	Legal Changes
• At July 13 meeting, walk through action item #1—Foster/develop Community of Learners together as a group to determine amount of time needed to complete tasks – about 1 hour per topic (i.e., Data/information for compelling case; Positive Changes/Outcomes; Impact on Others; and Sustainability). • Develop agendas for remaining meetings #6-9 after the next meeting	• July 13 →Identify areas of conflict regarding laws and barriers • July 27 and Aug 10 → Review and clarify HB 2003 Act 44 ("revised" Act 161) • Aug 10 → Review sentencing: 1) Adult and family courts – appropriateness of consequences 2) Appropriateness of mandatory minimums • Aug 24 → Review state wire tapping laws • Sept 14 → Walk & Talk, Knock & Talk

Community Mobilization	Prevention
• Suggested order for meetings: Outcomes, Impact, Sustainability, Data. • Agreed upon process: ✓ When looking at action steps, identify outcomes that reflect why we've proposed those actions. ✓ Identify indicators. ✓ We may have to do data 2-3 times as we work though the process. ✓ Actions and outcomes will be refined through process as we proceed. Once we do the outcomes, feed back to actions to see if action needs to be refined.	• After some discussion, the group agreed to take each of the three issues one at a time and work through the 4 "must-do" areas of data, impact, outcomes and sustainability on each of them. • Regarding the optional areas, the group suggested evaluation methods and media as initial choices. • It was noted that some of the optional areas correspond to some of our criteria and might be addressed as we apply that criteria. • Because of scheduling conflicts, at the next meeting (# 5) the group would concentrate on the Lifelong Learning action step and address the Sense of Community action step if time permits. At meeting # 6, the group will finish Sense of Community and address the Statewide Prevention Plan action item.

N.B. The Multi-Sector Ad Hoc Committee did not specify their agendas for the remaining meetings.

5. ***Other Issues***
   At the beginning of the meeting, five additional committee members were announced. Their inclusion will build a stronger knowledge base for the group.

   Committees also conducted additional discussions pertinent to their areas. The Community Mobilization ad hoc committee began preliminary discussions on data sources and information gathering, and Legal Changes watched a slide presentation that summarized Act 44 in detail.

July 13, 2004

About the Organization of Notes for this Meeting

Notes are organized by individual committee rather than subject area.

Individual agendas were developed for all of the committees except Multi-Sector at the prior meeting. For this particular meeting, Prevention and Treatment committees tackled one action item, allotting time for each of the four compulsory areas of Data, Impact, Outcomes, and Sustainability. Community Mobilization proposed that it will work sequentially on Outcomes, Impact, Sustainability, and Data, dealing with one topic per meeting. The Legal Changes committee honed in on their action steps; however, no specific reference was evident in their future agendas in regards to the four obligatory tasks. Lastly, the Multi-Sector group continued to define their role, responsibilities, action steps, structure and process for implementing the action steps. Setting future agendas for the Multi-Sector committee is difficult without establishing these fundamental elements.

PREVENTION AD HOC COMMITTEE

The Prevention Ad Hoc Committee focused on their first action item—***Foster a sense of community.*** Areas addressed at the meeting were:

1. ***Data and Information Required for Informed Decision-Making***
   Data that documents the need for the proposed action includes:

Data	Data Sources
◆ Neighborhood Attachment	• School surveys on Alcohol, Tobacco, and Other Drug (ATOD) usage • UH Center on the Family website (community profiles) • Police records on graffiti, property damage (Crime mapping)
◆ Pu'u Honua Research (Historical information on the evolution of a concept)	• Kamehameha Schools • UH School of Hawaiian Studies • Bishop Museum • UH Hilo • Conversation with kupunas
◆ Neighborhood Surveys	• Neighborhood boards • Safety coalitions
◆ Election Data	• Hawaii Elections Office
◆ Drug Availability	• HPD (factual data: confiscations, etc.) • ADAD • OYS • Information on gangs (often a community themselves) • HIDTA • State Narcotics Enforcement Division, Department of Public Safety
◆ Community Acceptance of Generational Use	• School surveys of ATOD usage • Hospital surveys • Healthy Start • 0-3 • Kamehameha Schools – Native Hawaiian Drug Free Schools and Communities
◆ Economic Data	• Bus system • DBEDT • DLIR (unemployment rates) • DHS (food stamps) • DOE (Reduced lunch information) • CRA databanks • HIDCA (Housing Statistics, Section 8) – Hawaii Housing Authority? • Realtors (number of owners vs. renters – density information) • Information of availability of industry in a community
◆ Transportation	• Bus system • DOT – number of DUI's and drunk driving

2. ***Impact on Others***
   The next segment featured a discussion on the negative or positive impacts on key stakeholders who would be impacted by the action item. To define the action step more specifically, the group talked about:
   - What are the elements of a "good" sense of community?
   - Pu'u Honua
   - How are we defining community?

3. ***Outcomes: Determining What Success Looks Like***
   The group identified the following anticipated outcomes or successes that would result from the proposed action and the challenges in measuring success for this action area and in the Prevention arena in general.

Prevention: Potential Outcomes/Indicators and Challenges for Evaluation

Anticipated Outcomes or Successes and Possible Indicators	Challenges in Measuring Success
1. Reduction in substance abuse by youth • *Possible Indicator:* Number of high school seniors using drugs/alcohol 2. Increased involvement in a community 3. Reduction in crime 4. Increased pride in community 5. Increased family involvement and bonding from "womb to tomb" • *Possible Indicator:* Decreased number of children needing foster care 6. Increased social capital • This might be an Indicator for #2 (Increased involvement in a community)	• How do we measure "fostering a sense of community"? • If the language is changed for action item #1, will that clarify the outcomes?* • How do we measure prevention? • Important to decide what the true measurements are. • Some of the desired outcomes are already evident, even without undertaking our actions. Given that, how do we measure how successful our actions are? • Programs and activities should be appropriate to the culture. • Science-based measures not yet tested in Hawaii (cultural differences?) • We should look at risk and protective factors within the prevention framework

Barriers to success that might impede the proposed item were:
- Communities are not as small. More access to outside information (though this can also be positive– access to more resources, people)
- Focus on material things rather than connectedness
- Our current drug and alcohol abuse is partially a manifestation of the 60's mentality of "do your own thing" and self-gratification
  - ✓ Media encourages "must have" thinking; immediate gratification
  - ✓ We don't fix things, now we replace (media caters to this image)
  - ✓ Clarification - that media reflects this attitude, it does not create it
- Need to make sure that data is specific enough to meet the "community's" needs

The group also suggested ways to *overcome or lessen the impact* of the barriers. Regarding the data issue, a strategy could be to use incidence data (geographic) first to identify higher risk communities, then go to those communities and survey them to identify their specific needs (related to either geographic or other kinds of community), and then develop an appropriate strategy/action plan based on those specific needs.

4. ***Other Issues***
   The group discussed the risk and protective factors related to community described in the Hawaii Student Alcohol, Tobacco, and Other Drug Survey.

TREATMENT AD HOC COMMITTEE

The Treatment Ad Hoc Committee focused on their first action item— ***Fosters and supports communities to develop a shared understanding of responsibilities for caring (treatment and recovery) of the person in need***. (revised from previous meeting after opening discussion) Areas addressed at the meeting were:

1. ***Data and Information Required for Informed Decision-Making***
   Sub-actions to support proposed Action #1:
   a. Identify communities.
   b. Profile communities.
   c. Identify substance abuse issues in community.
   d. Identify/Inventory current resources and available treatment services.
   e. Identify/Verify community's readiness for change and interest to address the problems.
   f. Identify community leaders.
   g. Identify natural supports and strengths, including community leaders and opinion shapers.
   h. Develop plan to support development through providing information.

Treatment: Data and Challenges Regarding Data

Data	Challenges Regarding Data
Available data to document need for proposed action: • Data profiles of communities (source: DOH-ADAD) • Identification of leaders in communities (source: Coalition for a Drug-Free Hawaii) • Wait list submitted to ADAD • Utilization data by geographic area/community • National Household Survey – SAMHSA and ADAD • Certification, accreditation, licensing information • DURP data on mapping communities	• Is the data readily available? Information is limited to those who self-identify or who have been arrested. • MIS data difficult to retrieve and/or extract • Funding sources may be key to identification of available treatment resources • Most data available is prevention oriented. Where is the data for treatment? • There is a lack of coherent, comprehensive data related to substance abuse as a disease or that supports SA as public health issue.

Data (cont'd)	Challenges Regarding Data (cont'd)
Other data and information to build the case for proposed action: • Information and models of successful communities that have established a support system for treatment services. • Use effective models of community mobilization and implementation of best practices as guidelines. • Identify current location of treatment services. • Identify number of people within identified community who access treatment. • Identify people who have benefited from treatment and involve them in educating the community. • Bring diverse data and information together to assist communities.	• Student survey doesn't catch everyone. • Minimal reporting requirements are presently gathered on treatment services accessed/delivered. • Each community should have a compelling case for treatment/prevention action plan. • To align with vision, our compelling case has to relate to the larger, statewide community. • Accuracy of data is questionable if multiple data points are used to tease out the essential, most critical data. • Request Multi-Sector ad hoc group for system to collect data for community profiles and accurate data. • Look to Legal Changes ad hoc group for way to regulate/register (non-regulated) providers and address legal barriers to sharing data.

2. ***Impact on Others***

Key Stakeholders Impacted by Proposed Action

People addicted
Families of those addicted
Agencies that produce data
Drug dealers
Physicians
Businesses
Governor/ Elected officials
Treatment service providers
First responders (PD, FD, etc.)
EVERYONE in the community–
all Hawaii
Manufacturers of drugs
Leaders of community
Funding sources
Childcare services
Ancillary agencies and services
Criminal justice agencies
Insurance companies
Schools

Treatment: Impact of Proposed Action on Stakeholders

Intended	Unintended
• Better understanding of how substance abuse affects the community and resources available • Resources are put where they work • People have ready access to treatment services • People with substance abuse treatment needs become more involved in the process of their recovery and in their role in the recovery process. • Public become less tolerant to meth use –social pressure not to use illegal substances • Schools will be full – all students will be there ready to learn	• Creates discouragement - raised awareness of need, but lacking resources or system to address treatment issues and needs • The action may be viewed as a way to placate and avoid seriously addressing the issues • Good communities get the dollars rather than the communities who need the help • Undermine the leadership and insult communities that have already begun (or are well on the way) to understanding the substance abuse and treatment issues of their community

Intended (cont'd)	Unintended (cont'd)
• There will be a demand for treatment services and elected officials will respond to the demand • Success will start in one community and others will follow • Create good models for other communities to follow	• Awareness will lead to intolerance which will then lead to intolerance of people who use/abuse illegal substances

3. ***Outcomes: Determining What Success Looks Like***
The group identified indicators of success of Action Item #1.

Treatment: Indicators of Success

Changes Readily Observable and Verifiable	Key Measures or Indicators of Change to Track Success
• Broader array of recovery services available • Increase in (higher) high school graduation rate • Increase # prisoners receiving substance abuse treatment from the community resources • Increase # of people in treatment • Decrease in crime • Reduction in drug-related crime and offenses • Decrease in drug-related arrests • Decrease in drunken driving arrests • Increased use of emerging treatment modalities and technology appropriate to needs and community	• Increased utilization of natural supports in a way that connects smoothly (links) with formal treatment services • Existence of post treatment / recovery support within community for individuals returning from out-of-community treatment • Improved access to appropriate treatment for individuals, families and communities
Other Positive Changes and Successes that will Result from Proposed Action:	
• Increased # of resources and support for substance abuse treatment in the community • Increase in high school graduates enrolling in higher and vocational education • Decrease unemployment rate • Increase employment rate • Increased social capital in communities • Increased aloha spirit in communities • Increase #s of certified providers • Increased number of treatment professionals • Decline in stigmatization of treatment and people in treatment • Treatment delivered to person where best delivered for that individual (treatment may be best delivered within or outside one's own community)	• Treatment is community-based for those best served with this model • Inventory of resources • Community-to-Community (Intercommunity) Networks of support and resources • Increased # of models, mentors, and resources to work with other communities • Communities accept treatment facilities (less NIMBY) • Increased options for clients • Families are knowledgeable of information and resources to help address substance abuse issues of individual family members

4. ***Sustainability***

Treatment: Sustainability of Proposed Action and Results

Critical Elements	Priority Critical Elements
• Good, ongoing community-based data to demonstrate success that is hooked up to a larger statewide system for uniformity • Community support and "buy in" from formal and informal community leaders • Government support – non-partisan effort for sustained commitment and focus from all levels of government • Organizational capacity within community ("ABC" – Always Back to Community) • Synchronous with community and culturally relevant • Adequate treatment capacity • Community driven • Linking and networking between communities to sustain broadly • Financial resources (funding) to sustain and build on strengths and what's working • Early success; must not take too long to see success • Genuine, real effort to impact people's lives • Build on existing community strengths; avoid deficits	• Adequate resources • Community-based • Committed leadership • Results driven

COMMUNITY MOBILIZATION AD HOC COMMITTEE

The Community Mobilization Ad Hoc Committee focused on ***Outcomes: Determining What Success Looks Like.***

The following guidelines on outcomes were provided by the Community Mobilization facilitators to help guide the committee's work on setting outcomes.

Defining an Outcome

- WHO – the target population
- WHAT – the expected change
- HOW MUCH – the degree of change
- WHEN – the point in time when change will occur, "by when"

Qualities of an Outcome

1. Observable and verifiable
2. Bound in time
3. Reflects a change in behavior or condition
4. Doable with a stretch
5. Answers "What is success?"

Steps to Setting Outcomes

1. Identify desired change
2. Define baseline (What exists now?)
3. Target degree of change and by when?
4. Define ways to verify results
5. Short-term and long-term results

Community Mobilization Action Steps and Outcomes

Action Step	Outcomes
1. Identify and mobilize stakeholders by using a process that is appropriate to each community.	**Short-term outcomes:** • Education and information campaign creates awareness and buy-in that all community members are stakeholders. • Leaders emerge. • An environment is created in the community for positive interaction. • A community entity, organization, or voice emerges. **Long-term outcomes**: • Missing stakeholders are engaged by 2014.
2. Assure that a single point of responsibility is established to develop and implement a system to coach and support key stakeholders in community mobilization skills.	• By 2006 a single mandated authority is permanently established and sufficiently funded with the power to coordinate and account for a system to support key stakeholders, including public and private partnerships that facilitate local community initiatives and coordinates resources, training, and referrals.
3. Empower and train stakeholders to develop and execute a community mobilization model that is not prescriptive, but is culturally appropriate to an individual community.	• A team of trained facilitators creates (objective community stakeholders, carrying the community's agenda not their personal agendas) • The team is trained in (a) group facilitation, (b) community concerns, (c) resource availability, (d) culturally appropriate tools and methods, (e) others(?). • Teams of five community stakeholders will be trained (five is a minimum number of trained stakeholders). • 6-10 months after stakeholders are identified, they will complete the initial training. • Within ___ years, ___ (minimum #) trainings will be conducted within the community.
4. Train, educate and support agencies to understand the norms of each community and assure a holistic, sustainable and collaborative approach to services provided.	• Identify key agencies important to supporting the community initiative(s). • The key agency is (agencies are) aware of community concerns. • All key agencies are identified within 6-10 months after completing strategic action plans for community initiatives. • Agencies respond to community needs and support community initiatives
5. Each community utilizes the model they select to identify actions for social change that strengthens their community.	• Within 1 year, communities* will devise and implement an integrated strategic plan to measurably reduce or eliminate substance abuse (ATOD use and abuse). *Communities may be defined by geography, interests, or affiliation.

LEGAL CHANGES AD HOC COMMITTEE

The Legal Changes Ad Hoc Committee discussed issues relating to laws and treatment services.

Legal Barriers: Conflict in Laws and Barriers

- Conflict stems from statutes
- Court can't impose special conditions that are not related to the crime a person is not convicted of. This issue relates to practitioners
- Clarification – court can order treatment if the defendant has history, but cannot if the defendant has no prior history
- Substance abuse assessments
- There needs to be a basis for imposing restrictions – the defendant should have prior history of use/abuse

Issue: How to get information to treatment providers about defendant without violating the privacy laws?

Issue: How to share information between the criminal justice agencies?

Suggestion: Perhaps the information in the PSI should be released to appropriate agency via a court order

At this point in the meeting, the Legal Changes Ad Hoc Committee felt that it would be helpful to invite a representative from the Treatment Ad Hoc Committee to participate in the discussion.

Questions for Treatment Ad Hoc Committee from Legal Changes Committee

1. What information do you get now?
2. What information do you want?
3. Why do you need this information?
4. What is the affect of not receiving this information?
5. Do you know why you are not getting this information?
6. Do you have an on-going relationship with probation once treatment starts?
7. What is the nature of the relationship?
8. Is HIPPA blocking release of information to or from treatment providers?

MULTI-SECTOR COLLABORATION AD HOC COMMITTEE

The Multi-Sector committee grappled with the definition of their role, responsibilities, action steps, structure and process for implementing the action steps. Of concern is the title of the committee—whether it is the Coordinating Council or the Multi-Sector Committee. Moreover, their task may rely on the timetables and information from the other committees for direction.

One proposal suggests that the purpose of a Coordinating Council is to help move recommendations forward. The Multi-Sector group will be part of that Coordinating Council. It needs to have key decision makers.

Action Steps Discussion

1. Media Information
   - Marketing Plan and Strategy
     - ✓ All sectors covered, not just government
     - ✓ Community opportunity to share their resources
     - ✓ Build community buy-in

2. Define Multi-Sector Ad Hoc Committee Purpose
   - Options for Self-Definition of Committee
     - ✓ Dissolve until after other ad hoc committees are done.
     - ✓ Seize the moment and work on linkages and barriers.
     - ✓ Seize the moment and work on the Action Steps to get the Coordinating Committee working now.

     ◆ **Agreement**
     The group was asked whether or not they would dissolve or continue working as a committee. The group agreed to they would continue working as a committee.

   - Committee Role and Responsibilities Defined
     - ✓ Compiling and making recommendations on statewide actions and priorities
     - ✓ Action Steps?
       - → Phase 1: Removing systemic barriers
       - → Phase 2: Broader
     - ✓ The group serves the other ad hoc committees
     - ✓ Identifying and prioritizing actions and initiatives coming out of the other committees

     ◆ **Agreement**
     The group agreed to the following description of their role:
     Coordinate and assist Ad Hoc Committees with their recommended actions and priorities, working with their leaderships to help them build linkages, identify where to acquire resources, and address barriers, etc.

     The group agreed to the following list of their responsibilities:
     1) Recommend a structure for how the plan will be implemented
     2) Develop a blueprint for building partnerships, linkages, where to acquire resources and how to address barriers.
     3) Identify representation for the Coordinating Council's members.

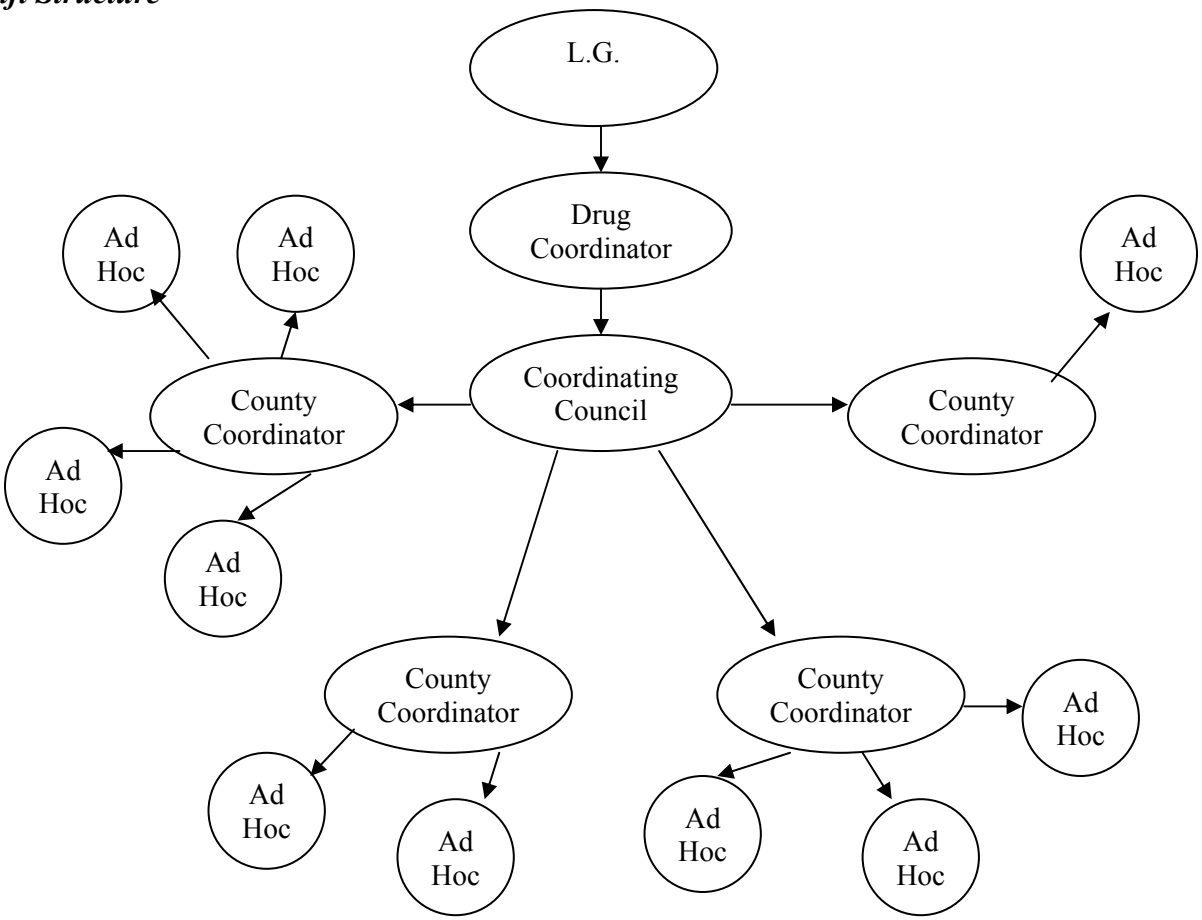
Discussion on Structure and Process

- A similar working group, the Drug Action Team has identified linkages, barriers and sustainable funding and includes the chairs of all other committees.
- Will the conveners of the other committees join us?
- Once the packages of recommendations or plans are presented, then someone has to make a decision.
- As it evolves, it will come together. Maybe this is a growing committee, where we can draw on experts, etc.
- Focus on the structure first, and then the Action Steps. We are headed in the right direction.

◆ **Agreement**

The group agreed to focus on the function of the committee first, then move on to the Action Steps, and send a memo to the other committee members encouraging their participation at the next meeting.

Draft Structure



Discussion of Draft Structure

- The plan has to be addressed at the county-level, legislative and judicial.
- Subcommittees of the Coordinating Council
- Who else needs to be part of the Coordinating Council representation?
  - ✓ County Coordinators
  - ✓ For-profit representation
  - ✓ Organizations that touch many children, e.g., AYSO
- Duplicate structure at the county-level
- How do you filter this down and up?
  - ✓ What can a child do?
  - ✓ What can a family do?
  - ✓ What can a community do?
  - ✓ What can a county do?
- Connect this with reality (see the next chart) for linkages and resources.

Systems Overview Chart - Draft

	Enforcement	Treatment	Prevention
Federal	• DEA • ATF • FBI • US ATTY	• SAMHSA • DHHS • CSAT/CSAP	• CSAP • OJJDP
State	• DPS • AG's • Sheriffs	• DHS • DOH • DOH-ADAD	• DOE • DHS-OYS
County	• HPD	• ??	• ??
Private	• Security	• Substance Abuse Treatment • Non-profits	• Non-profits • Youth Athletics

ACTION PLANNING TEAM

A draft of the vision statement and tag line has been prepared.

VISION

Hawaii is mobilized to resist substance abuse with collaborative and sustainable efforts:

- *To enforce reasonable and sensible laws;*
- *To provide services and education that will prevent the recurrence of substance abuse;*
- *While sharing the responsibility for the care and treatment of those struggling with substance abuse;*

drawing on its cultural traditions that will ensure a safe and vibrant community.

TAG LINE

Hawaii is a safe and vibrant community

July 27, 2004

About the Organization of Notes for this Meeting

Notes are organized by individual committee rather than subject area.

Similar to the previous meeting, committees followed individual agendas, each considering separate topics. The Prevention committee spent the session looking at risk and protective factors; Treatment tackled a three action items (***Enhance a system of care, Increase and retain workforce [including natural helpers] and ensure competency, and Define measures of success both socially and across the individual's life span***); Community Mobilization focused on Impact on Others; and Legal Changes concentrated on Act 44. The Multi-Sector group continues to define their role, responsibilities, action steps, structure and process for implementing the action steps.

PREVENTION AD HOC COMMITTEE

Areas addressed at the meeting were:

1. ***Risk and Protective Factors Related to Community***

Group discussion centered on the risk and protective factors related to the community domain described in the Hawaii Student Alcohol, Tobacco, and Other Drug Survey. A guest speaker was invited to present information on the factors and the use of a logic model to assess outcomes for prevention programs. The development of a logic model begins with the identification of the goal and then lists proposed strategies, the target group, the relationship between the activities and the expected outcomes, and finally, anticipated short-term outcomes and long-term impacts. Information about the risk and protective factors and this model is available on the WestCapt website at *www.westcapt.org*.

Group members had been assigned to research State trends and information about specific risk and protective factors. Their findings highlighted:

Risk Factors - Community	Protective Factors - Community
• Low neighborhood attachment • Transition/Mobility • Perceived availability of drugs and exposure to ATOD: • Laws and norms favorable to drug use	• Community opportunities for positive involvement ✓ External ✓ Internal • Community rewards for positive involvement

2. ***What Next?—Three Action Areas***

The group then discussed how they wanted to proceed. The facilitators were asked to summarize what was expected at the end of the Ad Hoc committee process. Members were informed that:

- There needs to be a compelling statement regarding each of the actions we propose. The compelling case needs to include the specific action, supporting data, the outcomes/impacts and sustainability

The group has identified three action areas but no specific actions as yet:

1. Foster a sense of belonging to community
2. Develop a statewide prevention plan
3. Promote lifelong learning

Committee members reached agreement and will:

- Adopt the action area—***Develop a statewide prevention plan***—as their primary action and to categorize the other action areas as "prongs" or sub-action items beneath the action item.
- Try not to be too broadly focused as to be ineffective, but might not suggest specific programs in the action.
- Identify opportunities for moving in the right direction and suggest actions that can be adapted to the realities and needs of each community.
- Keep schools as part of the focus on belonging to a community.

The committee broke into two smaller groups to begin identifying risk and protective factors that were most relevant to each of the different "prongs" under the larger action item. These risk and protective factors will be the basis for determining specific action steps.

Small Groups: Identifying Risk and Protective Factors

Risk Factors	Protective Factors
Small Group One: Fostering a Sense of Belonging • Low neighborhood attachment • Community disorganization	Community • Community opportunities for positive involvement • Community rewards for positive involvement Family • Family opportunities for positive involvement • Community rewards for positive involvement
Small Group Two: Promote Lifelong Learning • Attachment to family and community – lifelong exposure to ATOD use • Laws and norms favorable to drug use. This also includes looking at the media and advertising and the marketing of alcohol and tobacco to families, children, schools, communities	• Rewards for positive involvement at both community and family levels

TREATMENT AD HOC COMMITTEE

Proposed action items for the Treatment Committee are:

1. Foster and support communities to develop a shared understanding of responsibilities for caring (treatment and recovery) of the person in need.
2. Enhance a system of care.
3. Increase and retain workforce (including natural helpers) and ensure competency.
4. Define measures of success both socially and across the individual's life span.
5. Develop resource structure that is adequate to support the continuum of care across the needs structure.

Regarding the second action item— ***Enhance a system of care***, items addressed were:

a. ***Data and Information for Compelling Case for Proposed Action***

Data	Issues About the Information
• Data inventory of resources available across age span **(Most Critical Information)** • Student Survey • Treatment data collected by ADAD • Community profiles • Emergency room information • Wait list for Integrated Case Management Project (ICM) • 211/ Aloha United Way	• "Real" Wait list – lack of resources • CSAT funds are ties to outcomes; payment to client tied to outcomes and result in payment to provider (clean UAs) • Doubtful that drug abusers know where to go for help • Schools, justice system, and others may have own pool of help but community member might not know where to go to access help • No collective source of information • No central access point of assessment • No main data source for treatment and recovery services • Linkages missing between disciplines • No list (or knowledge of) resources that are accredited with the State of Hawaii • List from CSAT/P (?) had 91 treatment providers, 22 receive funds from ADAD • No list of current bed availability • Requirement of data may be the block in and of itself. • Evidence of lack of support services, such as transitional living services • Cost/Volume studies – demonstrate why specific services may not be available to all who need

b. ***Impact on Others***

Key Stakeholders Impacted by Proposed Action

Corrections	Drug dealers	Nonprofit agencies
Businesses	Medical facilities	Everyone

Treatment: Impact of Proposed Action on Stakeholders

Intended	Unintended
• A broad range of services would be demonstrated, and people could identify where they could participate • Resources would be committed more readily • Businesses more likely to contribute because results would be evident	• Resistance to change if stakeholders have different vision • More educated workforce and general population because people are healthier and living longer, showing up for school

Intended (cont'd)	Unintended (cont'd)
• Private sector support more likely to subsidize public support • Communities could participate because roles could be identified • Person on the street would know where he/she fits in and know how the issue impacts him/her. • Substance abuse behaviors would be interrupted and effective interventions provided before crisis or serious situation • People would be in treatment earlier • Certification will result in better care and results • Lower health care costs • Wouldn't need treatment services	• Requirements imposed by federal funds may no longer be appropriate for Hawaii • Necessity to determine how to straddle the federal requirements and what's appropriate for Hawaii setting. • No insurance /medical payments for substance abuse • Fewer dollars going to residential providers • Number of residential treatment providers and clients decrease

N.B. The committee decided to combine action items #2 and #5 (***Enhance a system of care*** and ***Develop resource structure that is adequate to support the continuum of care across the needs structure***).

Regarding the third action item—***Increase and retain workforce (including natural helpers) and ensure competency***, items addressed were:

a. ***Data and Information for Compelling Case for Proposed Action***

Data	Issues About the Information
• Anecdotal information that tracks movement of workers • Employee incidence reports and performance evaluation • Document the challenge to get clinical supervision while working (UH has one evening class) • Numbers participating in Certification Course (2000 hours w/o BA) • Use ADAD and CSAT survey information to demonstrate people lacking the necessary and desired skills before they enter the job • Occurrence of de-classifying and re-classifying positions and titles to (which) lower standards	• Shortage of trained professionals • Limited numbers of people to do the work • Staff turnover and retention rates for agencies, i.e., MYFS, ADAD show ~25% annually • No system or resources in place to mandate education and prerequisites when hiring. • Many members of the workforce are in recovery for themselves • Need to develop SA courses for workers that are flexible (UH, LCC, West Oahu have programs) • Lack of support (Federal recognition) for (certification) programs being established • Education may impact the income earned but not the degree of responsibilities and duties; it may be necessary to have various levels of certification and corresponding duties. • Core competencies need to be emphasized • The gap between the worker's education and real life experience needs to lessen; education needs to approximate real life better so workers are better equipped to relate to clients better • On-the-Job-Training (OJT) expected to be provided by agencies –yet burdensome and agencies have difficulty in bringing people to the desired skill level. • Assess whether testing system is okay; people are passing the written portion but not the orals; Do we need to establish the need for better preparation for exams? • Stigma related to substance abuse positions exists

b. ***Impact on Others***

Key Stakeholders Impacted by Proposed Action

- Universities and educational institutions
- Treatment service providers and agencies
- State Depts. (Labor, ADAD, DVR)
- Every sector (directly or indirectly)
- Hawaiian agencies (i.e., Alu Like, OHA)
- Workforce Development Group – Substance Abuse
- Workforce Development Council
- Partnerships – (i.e., DVR and Hazelton or internships with trainees/trainers)
- Teaching supervisors
- Outside entities that fund or certify programs, services, people in Hawai
- Consumers (customers) and their families
- Counselors

Treatment: Impact of Proposed Action on Stakeholders

Intended	Unintended
• Assessment and identification of what is essential (core components) for treatment work and services to be successful • Approaches validated for certification • Treatment services more directly connected to results • Gap lessened between written and oral aspects of exam so more people pass test and becoming certified • We can better determine how to straddle the federal requirements and use what is appropriate for Hawaii. • Competency extends the full continuum • Treatment recognized in the full continuum of service • Better educated and prepared workforce • Workforce aware of skills needed to deliver good services • Treatment becomes more professionalized • Systemic funding for treatment based on outcomes not hours or how payment is made.	• Treatment becomes a professionalized category and capacity will be addressed so workers might be less likely to deliver services from a caring perspective and more likely based on academic perspective.

Regarding the fourth action item—***Define measures of success both socially and across the individual's life span***, items addressed were:

a. ***Data and Information for Compelling Case for Proposed Action***

Issues About the Information
• There is no statement of measure of success for all to follow • There are systemic gaps that exist. • Competency is judged by looking at outcomes, but the measures don't coincide with or match the clients. • (Federal) funders are not educated regarding what is real and what would be appropriate measures of success for Hawaii; as a collective, we need to educate (example: Waianae group who meets with funders). • We are working in isolation; practice (implementation) and research and academia are both communicating. • Facilitated dialog that conveys values, philosophy, and practice of the State. We need evidence to get funders to listen. • We can't match or document the theory with practice. • Public and treatment providers need to hold academia accountable. Communities need to ask for tools/resources to document what is working in practice, and academia needs to translate and be an advocate.

The revised proposed action items are:

1. Enhance system of care and develop resource structure that is adequate to support the continuum of care across the needs structure.
2. Increase and retain workforce (including natural helpers) and ensure competency.
3. Define measures of success both socially and across the individual's life span.

Regarding the questions posed by the Legal Changes Committee at the previous meeting, the questions will be distributed via treatment providers list server to get more input.

COMMUNITY MOBILIZATION AD HOC COMMITTEE

The Community Mobilization Ad Hoc Committee continued their discussion on ***Outcomes: Determining What Success Looks Like.*** The outcomes were refined and rewritten as below:

Action Step #1: *Identify and mobilize stakeholders by using a process that is appropriate to each community*

Outcomes	Barriers to Success	Indicators
• **Short-term**: A community entity, organization or voice emerges through an education and information campaign; leaders emerge; and an environment for positive community interaction is created within a year. • **Long-term**: Missing stakeholders become engaged in the effort.	• Not having resources for education and information campaign. • Don't have entity within community to raise awareness. Or know how to identify them. • Competition among entities. "Alamahi" syndrome. • A major effort in some other area already exists. How to add another issue. • Gaining trust of variety of community groups and individuals. • How to engage the younger generation. Kid's trust.	• Percentage of adults who feel they can rely on another individual in the community. • Increased participation in and initiative by community members. • Attendance at community meetings, events, activities. (Maybe use average attendance.) • Have First town-meeting/gathering/event. • # of communities that have had ____ number of gatherings. • Improvements in negative indicators. (e.g., reduction in youth substance abuse.) • Is the work being done? • Number of MOUs/MOAs engaged in by individuals or organizations within community. • For community group, the citizen group that's formed engages in MOUs/MOAs with other organizations.

Action Step #2: *Assure that a single point of responsibility is established to develop and implement a system to coach and support key stakeholders in community mobilization skills.*

Outcomes	Barriers to Success	Indicators
• By 2006, communities have access to a single mandated authority that is permanently established and sufficiently funded with the power to coordinate and account for a system to support key stakeholders.	• Entities already exist and may be threatened. • Many funders exist with differing agendas. • Political will and partisanship. Gaining support of administration and leg. • Political necessity of being a success quickly.	• The Authority exists. • Number of communities that access resources of the Authority. • It has these qualities: permanent, not political, brings resources, not relying entirely on state funding.

Action Step #3: *Empower and train stakeholders to develop and execute a community mobilization model that is not prescriptive, but is culturally appropriate to an individual community.*

• **Short-term**: Communities will have at least one team of at least five trained facilitators to address community agendas within 6-10 months after stakeholders organize.* • **Long-term**: Within _____ years, _____ number of trainings will be done. * Community may be defined by geography, affiliation, interest.	• Getting facilitators to implement. Lack of incentives (such as payment). • How to motivate new individuals. Difficult to integrate with personal professional life.	• Set minimum number of those trained. • Facilitators are trained. • Number of trainings per year.

Action Step #4: *Train, educate and support agencies to understand the norms of each community and assure a holistic, sustainable and collaborative approach to services provided.*

• **Short-term**: Key agencies and private industry that can support community initiatives are identified within 6-10 months after communities complete their action plans; initiatives. • **Long-term**: Agencies and private industry are informed of community concerns and respond to community needs and support community initiatives.	• Some communities don't have agencies or access to them. • Lack of capacity of agencies that do exist.	• Action plan is in place. • # of agencies that sign MOUs. • Agency identification preceding action plan.

Action Step #5: *Each community utilizes the model they select to identify actions for social change that strengthens their community.*		
Outcomes	**Barriers to Success**	**Indicators**
• Within one year of getting support from the Authority each community will devise and implement an integrated strategic plan to measurably reduce substance abuse.	• Some communities are not organized enough. • Community doesn't know how to do a strategic plan. • People in small community are related to other so it's difficult to solve own problems. For example, family connections may interfere with success of legislation. • Wide cultural differences within a single community. • Different age groups. • Relationships with one another can help support the problem.	• Percentage of communities that have strategic plan. (Want to see increase.) • Data on substance abuse in the community. (Use DOE and ADAD data.) • Within _____ year(s) of having trained facilitators, the community has a plan in place. • # of communities that go to the Authority.

LEGAL CHANGES AD HOC COMMITTEE

The Legal Changes Ad Hoc Committee decided that it will propose legislation, not just recommendations. General discussion covered various issues:

- Wiretap legislation close to being resolved: both the House and the Senate are close to agreeing on language.
- Need help of Legal Ad Hoc Committee for LSIR (Level of Service Inventory-Revised).
- Legal group will try to address all five of their action priorities.
- Some areas will require statutory changes to address the conflicts and barriers.

Additional issues were raised for Act 44 and Section 806-73.

Priorities for Act 44

Section(s)	Contents	Review?	Easy to agree?
3	Criminal offenses	Yes	No
4		No	
5-7	Penalties	Yes	No
8	Definitions, concern w/parked cars, define school, minimum distance from school that drugs manufactured	Yes	Don't know
9	Justification		
10-12	Sentencing	Yes	No

Section(s)	Contents (cont'd)	Review?	Easy to agree?
13		No	
14	Zero tolerance policy in schools, teachers and administrators support it, inconsistent, benefit is delay in assessment	Yes	No
16-18	Insurance companies against because of the limitless issue, they could be required to provide benefits forever, public policy issue. Who's going to pay? QUEST? Everyone wants more treatment but, is public willing to pay for treatment. Insurance companies want to write exclusions. This is low priority for Legal Changes.	??? Refer to Treatment Committee	
20	Civil commitments, State Hospital. Get input from Public Defender's office. Concerns with possible loss of liberty as a consequence of court imposed sanctions. Problem also with parents of difficult children who try to use this	Yes	
22	Citizens upset, "not my backyard" type issues, override County authority. Without County oversight, citizens concerned that there would be too many facilities (treatment) in their neighborhood. Counselors not required in the facilities. Legislature wanted this. Public concerned with this. Communities want a say in what happens in their neighborhood, do not agree with openendedness.	??? Refer to Treatment Committee	
23	Toxicity issues associated with drug manufacturing facility/site. DOH already felt they have authority	No	
25-28	Citizen empowerment. Police ARE taking action, doing things, but do not report back to community. Police concern is that information provided to community about what they are doing could affect their investigation (case). Community files complaint(s), after police investigation, conclusion is that problem was inconsiderate neighbors	No	

MULTI-SECTOR COLLABORATION AD HOC COMMITTEE

The Multi-Sector committee reached agreement on several points at the previous meeting. Subject areas for this meeting included general commentary on expectations for this session and questions and answers on the draft structure.

General Discussion

- Find a way to convene with other groups so they and we have a better understanding, find out where gaps are
- Want to focus on which things to actually ***do***, how to implement.
- Spend time getting everyone on the same page. Get more feedback on last meeting's work.
- After the previous meeting, realize that some issues may be easy to implement ("low hanging fruit"); others will require structural changes. This group is the core of the Coordinating Council.

- Start pulling key issues from other Ad Hoc groups once they've been identified.
- Look at possible single place, central repository for data (as opposed to determining which data is duplicative). Already some infrastructure (e.g., UH)
- Use prototype agendas at meeting #9.
  - ✓ How will functions of Ad Hoc groups be carried forward statewide? Timeline?
  - ✓ Blueprint for building partnerships. What do we really mean by that? (data, infrastructure systems?)
- Augment what's already happening (counties)
- Leadership from other groups needs to join Coordinating Council at some point.
- Out of Drug Summit came 4 areas (Prevention, Treatment, Community Mobilization, and Legal Changes). The structure of the whole discussion is based on weak points in the system. Functions are important.
- Group's responsibilities: plan for a structure and implement. Work on things we can control/do. We are step behind other groups by necessity.
- Talk about expectations for the next meeting—a good tool to help focus.

Draft Structure

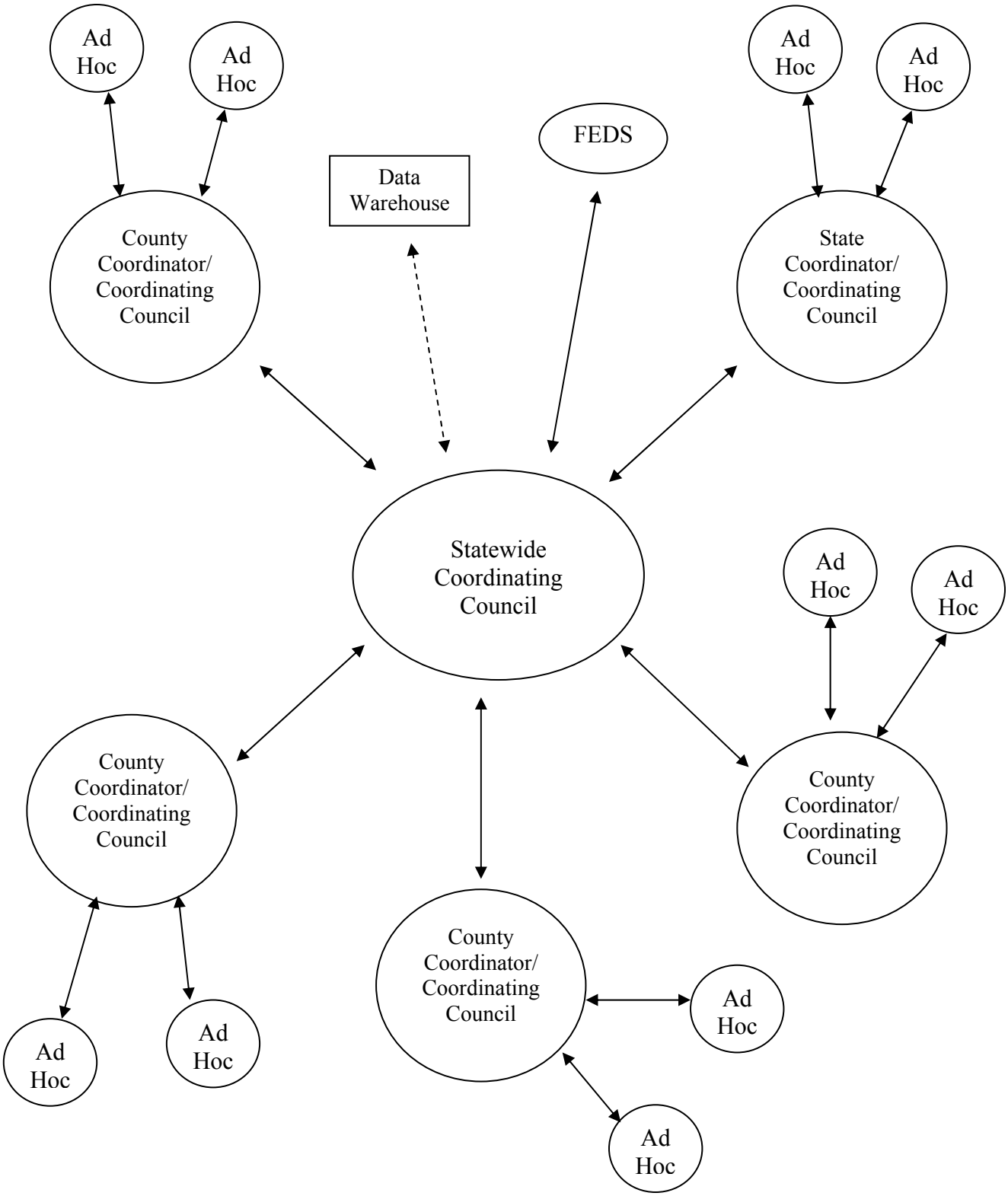
Question: Will County Coordinator be State or County person? Sometimes, state and counties conflict.
Regarding County Coordinators: who to select is up to the counties themselves, not dictated by the State– as long as the person has the interest of the county at stake.

Question: What will be the role of County ad hoc committees?
Up to counties.

Question: Why is the group called Multi-Sector vs. Coordinating Council?
Has to do with Drug Summit and its recommendations.

Question: Policy disseminated here, but how does *funding* tie in?
- *Don't think Legislature anticipated money going through LG/CC.*
- *Won't necessarily generate new money, but it identifies gaps. More efficient, which will later translate to more money.*
- *Process stays the same, but influenced by more cohesion, collaboration.*

Revised Diagram for Draft Structure



RESPONSES TO MULTI-SECTOR'S REQUEST FOR INFORMATION

The Multi-Sector Ad Hoc Committee asked the other committees to submit ideas about what they should address. The following are the suggestions from Community Mobilization, Legal Changes, Prevention, and Treatment Ad Hoc Committees

Community Mobilization

1. Establishing a single Authority as described in the notes. Key attributes: does not mandate to communities; public/private partnership; not necessarily a government agency; but needs support of government, private sector and funders. Assure resources are available for building capacity of communities and agencies or other entities to do strategic plan, train facilitators and other community mobilization activities.
2. Education, information, marketing campaign that will motivate communities to get organized.
3. Be sure to focus on individual communities (not countywide). Be clear communities are setting the course.

Legal Changes

1. Resources (includes a mechanism, people responsible "attendant," money to develop a program) for getting the person (client, defendant) who is sentenced in court, physically delivered to the assessment provider (not just a bus pass).
2. Another idea for getting the client/defendant from court to the assessment agency is to have both agencies in a central location, i.e., both court and treatment under the same roof (physically)
3. Pay attention to "How" the information is disseminated – PSA, media etc. Can't get the word out via word-of-mouth to promote the Vision and Plan
4. Create "institutional memory" for this work (the work of the Action Planning Team)

Prevention

Question: Is there a mechanism by which people can find out about different strategies that already exist or are being developed and/or implemented in the Prevention arena, such as MADD stings, HPD walk and talk, etc.?

Recommendations:

1. Create a central data base of all prevention/treatment-related issues; e.g., grants available
2. Create a catalog of programs available in the state or nation; i.e., best practices, WESTCAPT

Treatment

- Develop and implement a communication plan thereby promoting the stakeholders' knowledge and understanding of what's going on
- Inventory of treatment and recovery services statewide

- Understanding of the existing system via a relationship structure that impacts the system and the optimal integration and connections that would enhance the system.
- Technical assistance for the collection of data and permit other communities to contribute data

Comments

The August 10 full-day session will bring committees together to work on their agendas, exchange information and review the work of the action planning team as it develops a unified vision for the ad hoc committees.

The next full-day session is scheduled for September 28, 2004; it will be the last meeting in this phase of the action planning process. A third and final interim report will be issued at that time and will cover meetings #7-9.